

Raiser's Edge LIST Request Form:

Requested by: _____ Request Date: _____

Date Required: _____

Purpose: _____

Mailing List Information:

Addressee to use: _____ Preferred addressee _____ Bio1 Addressee _____ Donor Wall Listing

Salutation to use: _____ Preferred salutation _____ Bio1 Salutation _____ First Names Only

Address: _____ Preferred address _____ Home address _____ Business address

File format: _____ Excel _____ Word merge file

Where to store the file: _____

Printing Information:

What is to be printed (check all that apply): _____ Letters _____ Envelopes _____ Labels _____ Invitations

Paper type for letter or invitation: _____

Location of master: _____

Envelope type and size for envelopes: _____

Label type and size for labels: _____

Special font: _____ Font size: _____

Who will merge? _____ When? _____ Who will print? _____ When? _____

List information:

Constituents to include: _____ Individuals only _____ Organizations only _____ Both
_____ Board _____ Advisory Board _____ Lifetime trustees _____ Reading Circle _____ Other

(list other criteria below)

If donors: Gift date range: _____ Gift amount range: _____

_____ cumulative or _____ one-time

Soft credit to donor, recipient, or both: _____

Gift types to include in amount: _____ cash or stock _____ pledge _____ pledge payments _____ In-kind

List any exclusions other than deceased, no valid address, and No Mail – NONE attribute: _____

Contacts to include for organizations: _____ Primary contact _____ Other (specify) _____

_____ Include Organization name? _____ Include Position?

Fields to include (other than those used for addressing purposes): _____

Sort by: First sort _____ Second sort _____

Third sort: _____

Special instructions: (anything else necessary to make your needs known)

Please feel free to discuss special needs (anything you have difficulty defining or questions you may have).